

Out-of-the-Body Experiences

Implications for a Theory of Psychosis

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Chapter 3

Out-of-the-body experiences and hypnagogia

In this chapter I will discuss a number of respects in which the phenomenology and circumstances of out-of-the-body experiences overlap with those of what Mavromatis (1987) has termed *hypnagogia*, to mean both the hypnagogic and hypnopompic states, which respectively precede and follow the ‘deeper’ stages of sleep, such as REM (the rapid eye movement phase) and *delta* (or slow, irregular wave) sleep.

Before discussing these commonalities in detail, it is worth mentioning that Oswald (1962) considered that there was no hard and fast distinction to be made between hypnagogic hallucinations and dreams. His first consideration was a theoretical one, namely that it was not possible to distinguish between the two phenomena by means of a definition. He writes:

These products of the sleepy individual [hypnagogic hallucinations] often merge into dreams and it should be emphasized that it is not possible to define limits or distinctions between them and dreams, since both are events of private fantasy discernible but fugitively through the mists of memory.¹

Oswald then analyses, and rejects, the empirical criterion that has been used to distinguish hypnagogic hallucinations from dreams, namely the passivity of the spectator of hypnagogic hallucinations as compared with the active participation of the subject in narrative dreams. He writes:

Hypnagogic hallucinations are said to be those of ‘half-sleep’. They are experienced as discontinuous, even if recurrent, sensory experiences which seem to force themselves upon the passive subject, and have often been

¹ Oswald 1962, p.96

contrasted with dreams in which the individual may experience himself as an active participator in an adventure. [...]

I believe that hypnagogic hallucinations are in a sense, micro-dreams. They are discontinuous because, at times when falling asleep, loss of contact with reality is discontinuous. The individual repeatedly returns to reality while his cerebral vigilance repeatedly rises and falls. Consequently, he does not feel he has been engaged in a prolonged adventure but that he has been a passive spectator.

However, he adds, citing Dement and Wolpert (1958):

It may be pointed out that some dreams, when described immediately after being awakened, may be of a very passive nature [...]

It might be objected to the assimilation of hypnagogia to sleep that the subject may deny having slept following episodes of hypnagogic hallucination. However, Oswald points out that the subject may not be the best judge of whether he or she has just experienced a brief episode of sleep:

It should be strongly emphasized that when people fall lightly asleep for very brief periods [...] they are often subsequently unaware of having slept. They are not aware of any break in consciousness, for as their cerebral vigilance fell their mental life may merely have become less efficient and more dream-like [...], it may not have been interrupted. Even if it was interrupted by a brief period of loss of consciousness, they woke up in the same environmental situation as that in which they fell asleep, and their most recent memories were of those thoughts with which they fell asleep. [...] The briefer and lighter the period of sleep, the less likely is the individual to be aware of it.²

² *Op.cit.*, pp.63, 65

Given the hypothesis that out-of-the-body experiences are a phenomenon of Stage 1 sleep, it is to be expected that we might find some degree of overlap between the respective phenomenologies of hypnagogia and the OBE. I will therefore discuss the extent to which these do overlap, beginning with a comparison of the respective emotional circumstances and concomitants of hypnagogia and OBEs.

Affective responses during out-of-the-body experiences

It is interesting to note that out-of-the-body experiences may incorporate unusual affective responses, such as the subject seeming to ‘view’ the sufferings of the physical body with equanimity. Such detachment from the fate of the physical body is particularly remarkable when it is reported in conjunction with a situation preceded by high arousal, as in the case quoted in the preceding chapter in which the subject reports a feeling of serenity during an attempted strangulation by her husband.

I suggest that this emotional detachment is one argument for associating out-of-the-body experiences with Stage 1 sleep. I suggest that a degree of emotional involvement in the dream is more characteristic of REM sleep; whereas the dream-like experiences of hypnagogia, or Stage 1, are often associated with a degree of emotional detachment. Mavromatis (1987), for example, comments:

[...] Several investigators have noted that visual hypnagogic experiences are generally accompanied by lack, or considerable decrease, of affect, irrespective of their content or aesthetic quality. [...] Indeed, Foulkes and Vogel (1965) pointed out ‘emotional flatness’ as ‘the primary affective characteristic of the hypnagogic period’ [...] ³

³ Mavromatis 1987, p.62

Mavromatis notes that Green (1968b) drew attention to emotional detachment as a feature present in a significant number of spontaneously reported out-of-the body experiences. He writes:

As with hypnagogia, it is often pointed out that both the induction and the ecsomatic experience *per se* are characterized by ‘a perfect balance in the mind’, and that ‘the occurrence of emotional disturbance or conflict almost invariably leads to the termination of the ecsomatic state’. Green (1968b) reports that, both in experimental and spontaneous cases, subjects describe themselves as being calm, relaxed, detached or indifferent, as feeling what would appear to be an impersonal kind of curiosity, and although some of them may profess a great and agreeable interest in what goes on they do not seem to become emotionally involved in the outcome of events beyond feeling ‘objective interest and fascination’.⁴

I suggest that this phenomenological similarity between hypnagogia and out-of-the-body experiences arises because OBEs, even in cases initiated from a state of high arousal, are indeed occurring in a Stage 1 sleep state, by virtue of the mechanism described in the preceding chapter, that sleep can occur as a provoked reaction to extreme stress, as well as in conditions of low arousal and de-afferentation.

It is interesting to note that a similar phenomenon to the emotional detachment reported by certain OBE subjects seems sometimes to occur in connection with another form of metachoric experience, namely apparitional experiences. Green and McCreery (1975) quote the following case in which the percipient expresses no surprise, either at ‘seeing’ a cat of hers that had been dead for 10 years, or at the fact that, despite looking ‘real’, one of its hindlegs was not fully visible:

⁴ *Op.cit*, p.149

The first [experience] was when I was upstairs in the bathroom and I saw a small brown cat walking across the floor. It was so real it never struck me that there was anything abnormal. Thinking that my little tabby cat Pussy Pockets had followed me from downstairs I bent down to pick her up. As I did so I noticed a curious thing, her right hind leg seemed to have faded rather from sight, although she still stood upright as if on four legs. By the time my hands had reached her level and I brought them together to gather her up I realised that I was only grasping thin air. There was no cat there at all. (Green and McCreery 1975, p.193)

Green and McCreery comment:

The subject later identified this as the apparition of a cat she had known and which had died some ten years before, and attributed her not having recognised it immediately to the fact that the apparition looked in fine condition, whereas in reality the cat had always looked very thin and spindly. [...] As we have remarked, apparition subjects have a tendency at times to accept unusual features of their experience matter-of-factly, and not to call to mind facts which would make it clear to them that what they were seeing could not be real. (Ibid., p.193)

In out-of-the-body and apparitional experiences of the kind just illustrated we seem to be observing a phenomenon similar to the flattened or inappropriate affect of dreams. I suggest this is an indication of the close relationship between Stage 1 dreams and transient episodes of hallucination in general, and hallucinations of the sane in particular, including out-of-the-body experiences and apparitional experiences. I am suggesting that the phenomenon of flattened or inappropriate affect in some of these experiences indicates the intrusion of Stage 1 sleep processes into waking consciousness.

Fear and the ending of the ecsomatic state

Mavromatis (1987) draws attention to the fact that strong emotion inhibits both the induction and the prolongation of the hypnagogic state. Strong prior emotion appears not to inhibit the inception of the ecsomatic state, since many cases arise, we suggest, out of a state of hyperarousal. However, the phenomenon of strong emotion, particularly fear, seeming to *end* the ecsomatic state is commonly reported. Green comments on the fact that ‘sensations of fear or anxiety are characteristically associated with the termination of the ecsomatic experience.’ (Green 1968b, p.88) In fact she suggests a causal relationship between fear and the ending of the state, commenting that ‘the occurrence of emotional disturbance or conflict almost invariably leads to the termination of the ecsomatic state.’ (Ibid., p.94)

Mavromatis draws a parallel between this phenomenon and a similar one in relation to hypnagogic imagery. He asserts: ‘[...] hypnagogia cannot be maintained in the presence of fear or anxiety.’ (Mavromatis, 1987, p.94)

The following is one of my own cases in which the subject refers to having ‘panicked’, before describing an abrupt ending to the ecsomatic state. This is an example of a case reported as occurring during meditation. Of particular relevance to our current argument is the correspondent’s observation that it was not unusual for members of the meditation class to ‘drowse’ after part of the meditation exercise. The correspondent in this case is a woman, in her early thirties at the time of the experience described.

A few years (maybe 8 or 9) ago, I used to attend a privately run session of Hatha Yoga. There were five pupils and one teacher. After going through our usual routine, taking about 1 1/2 hours, we always relaxed completely by laying down on our backs on the carpet, and relaxing from feet to head. We alternately clenched on inhalation, and relaxed on exhalation, each portion of our bodies until we were completely relaxed. We were asked to

clear our minds, and to concentrate on the sound of our own breathing – a form of meditation.

I did so, feeling myself beginning to seem heavier, and almost as if I were sinking into the carpet. I also felt warm and glowing from fingertip, scalp to my toes, right through my body.

My eyes were closed and the faint traffic noises receded. This didn't feel strange as it wasn't unusual for us to drowse after this exercise. I felt as if I were a leaf, gently yawing from side to side and thought how comfortable it felt. For some reason I opened my eyes, and saw my companions and myself laying on the floor. I appeared to be about four to five feet above them.

I think I must have panicked, but why, I don't know, as it seemed quite natural and comfortable to be able to float at the time. Suddenly I was back in my body, with what sounded to me like an audible "thump", and I sat up. My heart was racing; I felt shaky and was gulping air. This soon passed, and under the guidance of the teacher, I again relaxed, but not in any way to the same degree as before.

Visual clarity

It seems to be almost a defining characteristic of OBEs, at least those reported by self-selected subjects, that they possess a high degree of perceptual realism. Green (1968b, p.71), for example, reported that 89% of her subjects reporting a single experience claimed, when asked in a questionnaire, that 'the things they saw while out of the body looked just as they would do normally'. Of particular interest in the present context is the fact that a minority of subjects report that 'perception' is heightened or enhanced in some way. For example, Green quotes subjects who reported that their visual perceptions were 'more acute in every way', or 'crystal clear'; one of her subjects observed: 'I could see the room in great detail, even the specks of dust.' (Green 1968b, p.72)

Such comments are reminiscent of the phenomenology of certain hypnagogic experiences, as characterised by Mavromatis:

Most subjects keenly point out the externality, vividness, sharpness, and detail of hypnagogic visions. They are so sharp and detailed, as one subject put it in respect to faces, 'I could see the grain of the skin'; they possess 'a microscopic clearness of detail' and one can 'see into the material without its being made coarser as it would appear through a magnifying glass'. (Mavromatis 1987, p.29)

Conclusion

In this and the preceding chapter I have argued that Stage 1 sleep, either ascending or descending, is a necessary condition of the occurrence of an out-of-the-body experience.

Stage 1 sleep is a necessary but not sufficient condition, since clearly not every occurrence of the hypnagogic or hypnopompic states is accompanied by an out-of-the-body experience, even in those who are liable to experience OBEs with some frequency. In subsequent chapters I will discuss various individual differences which may act as predisposing factors making a particular subject more likely to experience an OBE in these states.